2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 723103

Entity Name: FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

FILED
Dec 17, 2015
Secretary of State
CR8726435805

Current Principal Place of Business:

COMMUNITY CENTER 9528 SE 190TH AVE. OCKLAWAHA, FL 32179

Current Mailing Address:

COMMUNITY CENTER 9528 SE 190TH AVE. OCKLAWAHA, FL 32179

FEI Number: 72-3103520 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OCKLAWAHA FL 32179

WALKER, JACQUELINE L. 19651 SE 92ND PLACE OCKLAWAHA, FL 32179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACQUELINE L. WALKER 12/17/2015

Titlo

City-State-Zip:

TDEG

OCKLAWAHA FL 32179

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

D

Titlo

City-State-Zip:

THO	· ·	THIC	TILLO
Name	MUNGER, JON	Name	WALKER, JACQUELINE
Address	9150 SE 193RD AVE	Address	19651 SE 92ND PLACE

Title VP Title S

NameRYAN, ROBERTNameRYAN, PATRICIAAddress9480 SE 193RD AVEAddress9480 SE 193RD AVECity-State-Zip:OCKLAWAHA FL 32179City-State-Zip:OCKLAWAHA FL 32179

Title D Title D

NameSTEVENS, LEROYNameHARRISON, MELAddress9130 SE 197 STAddress9360 SE 192ND PLACECity-State-Zip:OCKLAWAHA FL 32179City-State-Zip:OCKLAWAHA FL 32179

Title DIRECTOR Title DIRECTOR

NameWEBSTER, ROBERTNameMUNGER, CATHERINEAddress9405 SE 193RD AVENUEAddress9150 SE 193RD AVENUECity-State-Zip:OCKLAWAHA FL 32179City-State-Zip:OCKLAWAHA FL 32179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE L. WALKER

TREASURER

12/17/2015